are unreliable guides to diagnosis. A correct diagnosis is best obtained from a reliable account of the accident, the previous history, the presence of surgical troubles, and the existence of a stable, well-defined, organized symptom complex. The term, traumatic neurosis, is an expression for an indefinite condition, and a simplification of the subject is desirable from a clinical standpoint. FREEMAN.

TETANY. Boston Medical and Surgical Journal, Nov. 19th, 1896.

Howard A. Lothrop, M.D., reports three cases, one of which was in an adult, a pregnant woman, thirty years of age, native of Syria. The salient points of this case were recurrent attacks of tonic spasm of symmetrical groups of muscles in the arms and legs, preceded and accompanied by pain, numbness and prickling. At the height of the spasm the patient was powerless to move either fingers or toes, and was utterly unable to walk. Fibrillary contractions of the facial muscles were marked and constant about the orbits. Gentle percussion over the larger branches of the facial nerve on either side provoked violent contractions in the corresponding muscles (Chvostek's phenomenon). The arms were held at the side and flexed at the elbow; the hands were in the position known as *main d'accoucheur*. There was flexion at the wrist and metacarpo-phalangeal articulations while the two distal phalanges were extended. The thumb was drawn across the palm of the hand, which was made hollow by the over-prominence of the thenar and hypothenar eminences. Both hands were symmetrical and the positon was maintained by tonic muscular spasm. The flexor muscles of the forearm and the smaller muscles of the hand were very tender and painful as a result of this forced muscular action. Pressure on the ulnar nerve above the internal condyle served to increase the pain and render the muscles more tense. Voluntary motion was impossible, and her hands were useless during the spasms, which lasted from a few moments to an hour or more. The tendon reflexes were absent during an attack of spasm and were normal in the interim. Attacks of spasms in the hands and feet could be obtained at will by nerve pressure as first described by Trousseau. There was increased excitability of the nerves to electric currents, particularly the galvanic, as demonstrated by Erb and Hoffman. These symptoms developed about the seventh month of pregnancy and diminished as she approached the time of her confinement. The labor was perfecty normal and there have been no further spasms since the birth of her child.

The other cases occurred respectively in a boy aged three and a rachitic male child eighteen months old. SHIVELY.

TETANY IN CHILDHOOD.

Kalisher—Yahrbuch für Kinderheilk., Band xlii., Heft 3 und 4—discusses the frequency and characters of tetany in childhood. As diagnostic criterion he gives the presence of tonic spasm without loss of consciousness, affecting mainly the interossei and small hand muscles, producing flexion of the proximal and extension of the middle and end phalanges with strong adduction of the thumb and pressing together of the fingers—"obstetric hand"—the foot generally in equinovarus position, the great toe overextended the other toes flexed. The symptoms of Chvostek and that of Trousseau are generally but not always present. They occur also in other diseases. Increased electrical irritability is more constant. An elaborate scheme for examination of cases is given. In a study of a material of 2191 cases under 2 years K. found 1141 cases of rickets, with 3 cases of tetany, while among the 1077 cases free from rickets there were 2 cases of tetany, a total of 5 cases among 2191 patients. He concludes that while rickets may be a predisposing cause, it can hardly be considered to have a very close relation to tetany. An examination of the literature of the subject and his own experience convinces him that tetany is a rare disease, though somewhat more common in young children than in adults. He regards it as similar in etiology to the other spasmodic disorders, and finds it, in children, quite amenable to treatment.

C. A. Allen.

Tetany Following Scarlatina.

Bradford McConnell (Canada Med. Record, Sept., 1896) reports a typical case of tetany following scarlet fever. The inception of the trouble was noticed fourteen days after the beginning of the fever and during desquamation. The specific action of the infectious disease in causing the spasmodic affection is more than doubtful, as the patent, aged 5½ years, had had a similar attack at 18 months. There was a vicious heredity, and the child himself had had numerous convulsions.

Patrick (Chicago).

Ein Fall von Tetany mit eigentümlichem Sectionsbefund. (A Case of Tetany with Peculiar Findings.) Deutsche Zeitschrift für Nervenheilkunde, Band ix., Heft 3 und 4. By H. Köster.

The diagnosis of tetany in this case was founded on tonic, intermitting frequently painful cramps of individual muscles or croups of muscles, on the presence of Trousseau's and Erb's signs, on intermitting spasm of the ocular muscles, retention of urine, dysphagia, tinnitus aurium, absence of mental symptoms, vertigo and the development of the disease in the first months of the year.

The simultaneous appearance of the cramps in all four extremities, affecting the extensors as well as the flexors, the flexion of the leg, the intensity of the spasm in the neuchal muscles, the ability of the patient by an effort of the will to control the cramps, the position of the hand as a fist, the clonic convulsions, at times, in the muscles of the extremities and eyes, were peculiarities noticed in this case. A slight rigidity of the muscles prevented the knee jerk. The autopsy revealed contracted kidneys, circumscribed hemorrhages on the anterior part of the cauda equina and about the roots of the third to the fifth cervical nerves, as well as hemorrhages and hyperæmia in the sheath of the right sciatic nerve.

Köster is unable to explain the symptoms from the post-mortem findings. Spiller.

PATHOLOGICAL ANATOMY.

Ascending Degeneration in Nerves and the Consequent Changes in Nerve Cells.

Fleming has made an unusually extensive and careful study of the changes that occur in the central stump, and in the cells of the spinal cord after division or ligation of the nerve trunk.

In the nerve he found: "First, that in process of time a slow atrophy of 'motor' fibres occurs. Secondly, that certain 'sensory' fibres degenerate centrally, possibly because severed from their peripheral trophic centres. Thirdly, that the minute fibres found in a normal nerve undergo very marked change. Fourthly, that distinctive connective tissue increase occurs."

The changes found in the cells are summarized as follows:

"1. The cells of the ganglia on the posterior nerve roots undergo definite changes as the result of nerve section or ligature, and do so at a much earlier period than the multipolar cells in the cord—beginning probably as early as the fourth day and certainly by the seventh day.

"2. That one of the very first changes observed in the cells of ganglia and anterior cornu is a diminution in the size of the nucleus—in proportion to the size of the cell and that, sometimes, but not in all cases—nucleoli also becomes smaller and very frequently the nuclei take up an eccentric position, sometimes even bulging the cell wall.